



SIDING APPLICATION

Planning and Zoning Administration | 13880 Business Center Drive Elk River, MN 55330

Office: 763-765-4450 | zoning@co.sherburne.mn.us

Contractor Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Contractor License # _____

Property Owner Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Parcel ID Number: _____ Lot Area (acres): _____

Address where work will be performed: _____

Describe Project: _____

Required Inspections

Pictures of house wrap emailed to office prior to inspection

OR

Pictures on site at time of final inspection

(Call 763-765-4450 to request inspections)

AGREEMENT: I hereby certify that the information herein is correct and agree to do the proposed work in accordance with the submitted documents, provisions of the Sherburne County Ordinance, and the Minnesota State Building Code. I further agree that any plans and specifications submitted herewith shall become a part of this permit application. I also understand that by applying for this permit, I grant the zoning authority access to the above property for inspections throughout the application and permitting process.

Signature of Owner or Contractor: _____

Printed Name of Owner or Contractor: _____

Date: _____